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Date In		Postage
Mo. Day Year	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	
Time In	Military	Return Receipt Fee
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	
Weight	Int'l Alpha Country Code	COD Fee Insurance Fee
lbs. ozs.		
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	Acceptance Clerk Initials	Total Postage & Fees \$

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